

AUTO CR - LOG SUMMARY #1076371

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
	(None Entered)		

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD Reporting Party Victim						M	U		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
19-JUL-2015 05:34 - 19-JUL-2015 05:34		0132	001	304 - STREET	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
CPD Employee	Accused UNKNOWN,					ON Duty	THE REPORTING PARTY ALLEGES THAT THE ACCUSED OFFICER ISSUED HIM A RESIDENTIAL PERMIT PARKING VIOLATION WITHOUT JUSTIFICATION.

Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
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Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	INTERNET
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IAD	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
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Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Investigator History

Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	28-JUL-2015 12:15	KLIMAS, ROBERT	COMMANDER	121 /	
PENDING ADMINISTRATIVE CLOSURE	28-JUL-2015 08:09	WATSON, JOHN	POLICE OFFICER	121 /	Adjudicate in court
PENDING ASSIGN TEAM	27-JUL-2015 07:47	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	27-JUL-2015 07:43	STEWART, DENISE	INTAKE AIDE	113 /	
PRELIMINARY	27-JUL-2015 07:27	STEWART, DENISE	INTAKE AIDE	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					STEWART, DENISE	27-JUL-2015 07:27			
	DOCUMENTS - INTAKE INCIDENT		2		N	STEWART, DENISE	27-JUL-2015 07:31	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 27-JUL-2015) - LOG #1076371

TYPE: INFO

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD Reporting Party Victim						M	U		

Incident Information

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Accused Members

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CPD Employee	Accused UNKNOWN,					ON Duty	THE REPORTING PARTY ALLEGES THAT THE ACCUSED OFFICER ISSUED HIM A RESIDENTIAL PERMIT PARKING VIOLATION WITHOUT JUSTIFICATION.

Incident Details

CR Required?		Manner Incident Received?	INTERNET
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IAD	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
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Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IAD	INTERNAL AFFAIRS DIVISION	-	27-JUL-2015 19:27	STEWART, DENISE	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
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COMPLAINT

YOUR PERSONAL INFORMATION

Complaint ID :

Name :

Race :

Address :

Sex :

Age :

Your contact information

Best time to contact : 12:00 PM

Primary Contact Phone Number :

Your injury information

Were you injured in this incident? NO

Please describe the injury :

Did you need medical attention? NO

Hospital/Medical Center :

Please describe the medical treatment :

INFORMATION ABOUT THE INCIDENT

Description of the incident : I WAS ISSUED A RESIDENTIAL PERMIT PARKING VIOLATION ON 07/19/2015 AT 5:34PM. MY VEHICLE IS REGISTERED IN THE CITY OF CHICAGO, AND HAS THE RESIDENTIAL PARKING PERMIT 1677 DISPLAYED ON THE FRONT WINDSHIELD AS PER INSTRUCTIONS WHICH EXPIRE IN THE MONTH OF AUGUST 2015. I WAS WRONGFULLY GIVEN THIS VIOLATION.

Location of the incident

Street Number :

Direction :

Street Name :

Apt No. :

Building Name :

Floor :

Unit :

Location Description : RESIDENTIAL PARKING STREET NEAR THE BUILDING I RESIDE.

Incident Date and Time

Date : 07/19/2015

Time : 05:34 PM

Evidence

Video Evidence : NO

Audio Evidence : NO

INFORMATION ABOUT THE POLICE OFFICERS

Police officer #1

Last Name :

First Name :

Star No. : 7697

Rank :

Assigned Unit :

On Duty : NO

Sex :

Race :

Officer Description : UNIT DISTRICT/DISTRICT: 045 STAR/BADGE NO.:7697

Police Vehicle Beat Number :

Vehicle Number :

License Plate :

Vehicle Description :

INFORMATION ABOUT VICTIMS AND WITNESSES

Victim #1 personal information

Last Name :

Sex :

Race :

Age :

Contact:

Victim #1 injury information

Was the victim injured in this incident?: NO

Please describe the injury :

Did the victim need medical attention? NO

Hospital/Medical Center :

Please describe the medical treatment :